

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|   |                                   |  |                |          |
|---|-----------------------------------|--|----------------|----------|
| 1 Date of Request: <u>2/10/05</u>                     |                                   | 2 Serial/Patent # <u>10/635,240</u>  |                |          |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER   | 5 DATE FILED   | 6 AMOUNT |
| <input checked="" type="checkbox"/>                   | Filing                            |  |                | \$       |
| <input type="checkbox"/>                              | Amendment                         |  |                | \$       |
| <input type="checkbox"/>                              | Extension of Time                 |  |                | \$       |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |  |                | \$       |
| <input checked="" type="checkbox"/>                   | Petition                          |  | <u>1/21/05</u> | \$ 1370  |
| <input type="checkbox"/>                              | Issue                             |  |                | \$       |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |  |                | \$       |
| <input type="checkbox"/>                              | Maintenance                       |  |                | \$       |
| <input type="checkbox"/>                              | Assignment                        |  |                | \$       |
| <input type="checkbox"/>                              | Other                             |  |                | \$       |
|   |                                   | 7 TOTAL AMOUNT OF REFUND   | \$ 1370        |          |
|   |                                   | 8 TO BE REFUNDED BY:   |                |          |
| <input type="checkbox"/> Overpayment                  |                                   | Treasury Check   |                |          |
| <input checked="" type="checkbox"/> Duplicate Payment |                                   | <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <span style="border: 1px solid black; padding: 2px;">2 3 -- 2 8 2 5</span> |                |          |
| 10 REASON:  |                                   |  |                |          |
|   |                                   |  |                |          |
|   |                                   |  |                |          |
|   |                                   |  |                |          |
| 11 REFUND REQUESTED BY:                               |                                   |  |                |          |
| TYPED/PRINTED NAME: <u>E Shirene Willis</u>           |                                   | TITLE: <u>Pet Attny</u>  |                |          |
| SIGNATURE: <u>E Shirene Willis</u>                    |                                   | PHONE: <u>272-3230</u>   |                |          |
| OFFICE: <u>Office of Petitions</u>                    |                                   |  |                |          |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****  |                                   |  |                |          |
| APPROVED: <u>Alicia Yell</u>                          |                                   | DATE: <u>2/15/05</u>   |                |          |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**